

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/563677

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		6		1			55						
6		6		1			56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10		6		1			60						
11		6		1			61						
12		6		1			62						
13		6		1			63						
14	1		1				64						
15		6		1			65						
16		6		1			66						
17		6		1			67						
18	1		1				68						
19		6		1			69						
20		6		1			70						
21		6		1			71						
22		6		1			72						
23		6		1			73						
24		6		1			74						
25		6		1			75						
26		6		1			76						
27		6		1			77						
28		6		1			78						
29		6		1			79						
30		6		1			80						
31		1					81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	4	←	31	←	←	TOTAL DEP.	←	4	←	31	←	←
TOTAL CLAIMS		33					TOTAL CLAIMS		33				